County C				DION OF HEALTH - STANDARD CERTIFICATE OF L	/EATH	63-0417	88
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NS 300 Rev. 4/50 Rev	ON THIS STUB	AWELDED.	F 7		USUAL RESIDENCE (Where decease	d lived, If institution: Re	sidence before
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S. SEX MALE COLOR OR RACE T. Marriad Never Marriad S. DATE OF BIRTH P. AGE (last birthday) IF UNIOSE 724. IF UNIOSE 724. IF Widowed Divorced 10/26/11	3] 		OF	•	_
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23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY PREMOVAL (Specify) Burial 10/26/63 S Peter & Paul Cem St Louis Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISYAR'S STARTURE	표 _ [[stated above, and to the best of m	y knowledge, from the cau	ses stated.
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY PREMOVAL (Specify) Burial 10/26/63 S Peter & Paul Cem St Louis Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISYAR'S STARTURE	₹		ŭ.		•		
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	-	 	⊣≩ I ⋾	B. BURIAL, CREMATION, 123b. DATE 23c. NAME OF CEMETERY OR CREMATO	DRY JOCATION (Cin	y, town, at county)	(State)
		S		urial $\frac{10/26/63}{10}$ S Peter & Paul			
Movdell Funeral Home 1926 Allen UVI 25 1965 Man Amun . 11. V.		TEM		OCT.	$\Omega \in A \cap \Omega \cup \{G^* \in \mathcal{U}\}$	Smith . M.	D.

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Hadley F. Saeller Jr
Signature of Student Embalmer	_ Signed_ State fr
· ·	Cicensed Embalmer No. 1950
	P. O. Address St Lauis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.